

City of Detroit Kwame M. Kilpatrick, Mayor Detroit Workforce Development Department Planning Division 707 West Milwaukee Avenue Detroit, Michigan 48202	FOR INTERNAL USE ONLY: Proposal Number: PY 2006 _____ Received by _____ Date _____ Time _____ Rating _____
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APPLICATION COVER SHEET

ONE-STOP SERVICE CENTER OPERATOR

LEGAL NAME OF APPLICANT AGENCY	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
ADMINISTRATIVE ADDRESS		
CONTACT PERSON	TELEPHONE NUMBER OF CONTACT PERSON	
PROPOSED COSTS	YEAR ONE	YEAR TWO
ONE-STOP SERVICE CENTERS CONTRACT	\$ _____	\$ _____
CONTRIBUTION/MATCH	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
PROJECT NAME AND DESCRIPTION		
TYPE OF ORGANIZATION <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Nonprofit Corporation <input type="checkbox"/> Private for Profit Corporation <input type="checkbox"/> Organization Serving Women <input type="checkbox"/> Other _____		
<p align="center">AGENCY STATEMENT OF CERTIFICATION</p> <p>This proposal was prepared independently without consultation, agreement, or cooperation with any other proposing agency to determine a competitive cost for services offered. The governing body of the proposer has duly authorized this proposal. The proposed activities, dates, availability of resources, staff, cost, and all statements made are true and correct. The applicant will comply with all rules and regulations of the funding agency and will revise this proposal if necessary.</p>		
_____ AUTHORIZED SIGNER'S NAME TYPED	_____ AUTHORIZED SIGNATURE	
_____ AUTHORIZED SIGNER'S TITLE	_____ DATE SIGNED	

PROPOSAL TABLE OF CONTENTS

Complete after proposal is prepared. Insert as page 2 of proposal.

The forms and documents listed below are to be included in the order shown. Fill in the page number where the form or document can be found in your proposal.

	Application Page Number
Application Cover sheet (Form A)	<u>1</u>
Proposal Table of Contents (Form B)	<u>2</u>
 <u>Project Proposal</u>	
I. Statement of Work (Exhibit I)	_____
II. Costs/Budget Proposal (Exhibit II)	
One-Stop Service Centers Cash and In-Kind	
Contribution/Match Worksheet (Form C)	_____
Operating Equipment List (Form D)	_____
III. Agency Background and Resources	
Agency Resources Questionnaire (Form E)	_____
Staff Job Descriptions (Form F)	_____
Staff Resumes (Form G)	_____
Fiscal Responsibility Certification (Form H)	_____
Debarment Certification (Form I)	_____
Past Performance (Form J)	_____
 Attachments:	
1. State Incorporation Certificate, if not on file	_____
2. Agency Vocational Training License and Certification	_____
3. Organization Chart for Project	_____
4. Audit Report - Most Recent	_____
5. Existing Building Facility Review	_____
6. Customer Satisfaction Survey	
7. Licenses/Certifications of Professional Staff	_____
8. Certification of 501 (c) (3) Status for non-profits	_____

STATEMENT OF WORK

NARRATIVE

Insert the Statement of Work using the format suggested in Part V of the RFP package.

Exhibit II

**ONE-STOP SERVICE CENTER OPERATOR
COST/BUDGET PROPOSAL**

ONE-STOP SERVICE CENTER CASH & IN-KIND CONTRIBUTION/MATCH WORKSHEET INSTRUCTIONS

Guidelines for Cash Contribution/Match

1. Proposed budgets should include both One-Stop Service Center costs and match cash and in-kind contributions adding up to the total cost to be incurred by the operator to provide the proposed services.
2. Suggested contribution/match sources:
 - Federal Cash. Federal dollars may be used, such as Vocational Education funds and Student Financial Aid funds such as Pell Grants. Restrictions on the calculation on the cost of attendance for Pell Grants and other Higher Education Act Title IV funds are contained in the Federal regulations. Certify that the proposer's financial aid officer has reviewed and approved the estimated match from these funding sources for On-Stop Service Center participants in the proposed program.
 - State Cash. List State student grants, State school aid, State post-secondary aid, and other general or categorical State funds applied directly to the project.
 - Other Cash. Include local public revenues, service revenues, employer share of OJT wages, foundation grants, and private contributions that are used to cover the direct cost of administration, supportive services, facilities, equipment, and supplies for which the agency would normally seek One-Stop Service Center reimbursement.
 - In-Kind. List staff, equipment, materials, space, and other non-cash resources your organization will be contributing to the One-Stop Service Center system.
3. The source and amount of all match contributions for the proposed project should be summarized on the One-Stop Service Center Cash and In-Kind Contribution/Match worksheet (Form C.)

**ONE-STOP SERVICE CENTER CASH AND IN-KIND
CONTRIBUTION/MATCH WORKSHEET**

In the space below, indicate the source(s) and amount(s) of any cash and in-kind contribution or match for the proposed project that will reduce the One-Stop Service Center contract costs.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL CASH CONTRIBUTION/MATCH	\$ _____

OPERATING EQUIPMENT LIST

EQUIPMENT TO BE PROVIDED BY THE MICHIGAN WORKS! AGENCY:

- 1) Office equipment
- 2) Computers and Peripheral Equipment
- 3) Information Technology and Internet Access
- 4) Telephones and Fax Machines

List equipment to be provided by the proposing organization at no cost to the Detroit Workforce Development Department.

AGENCY RESOURCES QUESTIONNAIRE

1. Name and title of the person(s) with legal authority to sign contracts.

2. List the name(s) and title(s) of all officers and members of the Board of directors of the corporation or business:

NAME**TITLE**

3. a. Is the proposed site of the One-Stop Service Center on a bus line?
YES___ NO___ . If yes, state the bus line and indicate how many
blocks from the nearest bus stop to the agency.

- c. Is the proposed site accessible to individuals with disabilities?
YES___ NO___ Describe the accessibility._____

4. Attach a copy of the proposer's state incorporation certificate, and appropriate licensures and certifications for vocational (occupational) training (if any).

5. Has the agency ever gone into receivership, bankruptcy reorganization or been declared financially insolvent?

YES___ NO___

If yes, describe the circumstances._____

6. a. Attach an organization chart for the proposed project listing all One-Stop Service Center program staff.

- b. Provide job descriptions for One-Stop Service Center program staff including relevant job qualifications. Use Form F.
- c. Attach resumes and certifications of professional staff to be associated with the One-Stop Service Center project. Sign the statement of assurance that all staff credentials have been verified. Use Form G.
7. a. If staff or other costs charged to this budget will be shared with one or more funding sources, please detail the overall cost allocation plan for sharing costs with the One-Stop Service Center system, including the method of allocating shared cost.
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-
- b. Identify "other" funding sources. Note whether the non-One Stop Service Center funding sources are listed on the Cash and In-Kind Contribution/Match Worksheet (Form C).
-
-
8. Does the agency do its own accounting? YES___ NO___
If no, indicate the name and address of the accounting firm.
-
9. What journals does the agency maintain?
- | | | | |
|----|-------------------------|--------|-------|
| a. | General journal | YES___ | NO___ |
| b. | Cash receipts | YES___ | NO___ |
| c. | Cash disbursements | YES___ | NO___ |
| d. | Payroll register | YES___ | NO___ |
| e. | Accounts payable | YES___ | NO___ |
| f. | Employee earning record | YES___ | NO___ |
| g. | Other (Specify) | YES___ | NO___ |
10. Does the agency have a general ledger? YES___ NO___
- How often is a trial balance prepared? _____

11. Accounting System Disbursements

- a. Are all disbursements made by check? YES__ NO__
- b. Are checks pre-numbered? YES__ NO__
- c. What person(s) sign checks? _____

12. Is a bank reconciliation prepared? YES__ NO__

13. Describe the agency's payroll system including internal checks for accuracy and validity.

Method of Documenting Employee Time:

- a. Employees sign in/out each day? YES__ NO__
- b. Punch time clock? YES__ NO__
- c. Are the time sheets or cards signed by a supervisor? YES__ NO__

14. Bonding

A minimum bonding of \$100,000 is required of employees receiving or depositing funds into program accounts or issuing financial documents, checks or other instruments of payment. Higher coverage is required for advances over \$100,000.

- a. Indicate the amount of agency bonding coverage \$_____
- b. List the names and titles of the individuals who will be bonded:

15. Name and address of auditing firm: _____

Attach a copy of the agency's most recent audit.

16. Attach a Fiscal Responsibility Certification (Form H), signed by the agency's financial officer and a Certified Public Accountant.

17. For JTPA audits as well as other audits, indicate what action has been taken in regard to the following:

- a. Auditor's opinions or recommendations regarding internal controls.

- b. Cost disallowances.

- c. Other "qualitative" changes the contractor has undertaken in response to audits. _____
18. Has the organization ever been declared seriously deficient in the operation of a grant? YES___ NO___
- If yes, describe the circumstances on attached pages.
19. Describe the audit trail for:
- a. Salaries_____
- b. Telephone expenses_____
- c. Travel expenses_____
20. Give a complete description of the flow of funds through the organization starting with the receipt of funds until actual disbursement. This description should clearly indicate the internal checks and balances in the system designed to prevent and detect fraud or the misuse of federal funds.
21. Agency Policies
- Does the agency have a written Personnel Manual? YES___ NO___
- If "NO," does the agency have written policies regarding:
- a. Sick leave? YES___ NO___
- b. Vacation? YES___ NO___
- c. Travel reimbursement? YES___ NO___
- d. Affirmative action (EEO)? YES___ NO___
- e. Other personnel matters (identify)? _____
- _____
- _____

JOB DESCRIPTION OF ONE-STOP SERVICE CENTER STAFF

Prepare a job description for each proposed staff position to be funded by the One-Stop Service Center, including managerial, supervisory, instructional, job development, and counseling.

AGENCY: _____

PROGRAM: _____

POSITION TITLE: _____

Directly Responsible to: _____

General Statement of Duties:

Qualifications:

Related Knowledge, Skills and Abilities

Responsibilities:

STAFF RESUME

To be completed by all managerial, supervisory, instructional, counseling and job development staff.
Do not substitute other formats.

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPOSED JOB TITLE: _____ START DATE: _____

IF INSTRUCTOR, SUBJECT(S) TO BE TAUGHT: _____

HIGH SCHOOL ATTENDED: _____

CITY: _____ STATE: _____

DIPLOMA GRANTED: _____ GED OBTAINED: _____
(month/year) (month/year)

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY: _____ DATE: _____

DATE GRADUATED: _____ MAJOR: _____ DEGREE: _____
(month/year)

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY: _____ STATE: _____

DATE GRADUATED: _____ MAJOR: _____ DEGREE: _____
(month/year)

Teaching Certificate: _____
subjects/grades expiration date

OTHER SCHOOLS: Vocational, Business, Apprenticeship, Special Courses

EMPLOYMENT HISTORY

NAME OF FIRM	ADDRESS OF FIRM	TYPE OF WORK	DATES	
			FROM	TO

CERTIFICATION: I certify that the above information is true and complete

Signature of Director/Date

Signature of Staff/Date

FISCAL RESPONSIBILITY CERTIFICATION

The fiscal responsibility certification form is compulsory for all agencies submitting a proposal under this RFP. A Certified Public Accountant, in addition to the financial officer's signature is required.

FISCAL RESPONSIBILITY CERTIFICATION

Complete both (1) and (2)

(1) I, the financial officer of the contracting agency which will maintain the Grant Recipient's accounts, accept full responsibility for providing financial services adequate to insure the establishment and maintenance of an accounting system by such agency and agencies participating in the project, with internal controls adequate to safeguard the assets of such agencies, check the accuracy and reliability of accounting data, promote operation efficiency and encourage adherence to prescribed management policies.

(Signature and Date)

(Title)

(2) I, a Certified Public Accountant/duly licensed public accountant, am of the opinion that the Contractor has established the accounting system described in (1) above.

(Signature and Date)

(Firm)

DEBARMENT CERTIFICATION INSTRUCTIONS

Instructions for Certification

By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.

The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definition and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of these regulations.

The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.

The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.

DEBARRMENT CERTIFICATION INSTRUCTION
(Continued)

A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Non-Procurement Programs.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the DOL may pursue available remedies, including suspension and/or debarment.

DEBARMENT CERTIFICATION

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS
WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals, are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

NOTICE OF DETROIT LIVING WAGE RATES

ADJUSTMENT EFFECTIVE JUNE 1, 2005

In accordance with Ordinance No. 45-98, being Sections 18-5-81 through 18-5-86 of the 1984 Detroit City Code, titled Detroit Living Wage Ordinance (Ordinance), the Purchasing Division of the City Finance Department has determined that the following adjustments to the living wage rates are necessary to reflect changes in the federal poverty level:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$9.68** per hour (100% of the federal poverty level income guideline for a family of four); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$12.09** per hour (125% of the federal poverty level income guideline for a family of four).

These rates are based upon the 2004 federal poverty level income guideline of \$19,350.00 for a family of four in the contiguous 48 states and the District of Columbia, as published in the Federal Register: February 14, 2005. In order to provide the notice to employers required pursuant to Section 18-5-83 (d) of the Ordinance, these rates shall become effective **June 1, 2005**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services.

The Ordinance applies to employers who are contractors' or grantees' as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is **December 16, 1998**. A copy of the ordinance may be obtained from:

Ms. Olline McElroy, Municipal
Code and Ordinance Clerk
City Clerk's Office
2000 Coleman A. Young Municipal Center
Detroit, MI 48226
(313) 224-2083